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ABSTRACT

It has been estimated that as many as 75% of individuals treated for substance abuse relapse within 90 days after completion of treatment. Studies of relapse have typically defined the problem as a return to the specific substance for which the individual was originally treated. Because multiple substance appears to be common, this study examined relapse using a broader definition of relapse--the abuse of any substances after previous treatment. It investigated determinants of relapse and antecedents of recent use for 30 substance abusers re-entering in-patient treatment. A structured interview assessment revealed that the patients relapsed within 2 months following previous treatment, yet waited 2.7 years before re-entering treatment. Alcohol was often the initial substance used after previous treatment. More than one-half of the subjects indicated that intrapersonal negative emotional states, such as loneliness or depression, led to the relapse. An even greater percentage of respondents indicated that such determinants were antecedents to recent use. Implications for treatment are presented. (Author/NB)

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Determinants of Relapse for Polysubstance Abusers

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ABSTRACT

The present study investigated determinants of relapse and antecedents of recent use for 30 substance abusers re-entering inpatient treatment. A structured interview assessment, revealed that the patients relapsed within two months following previous treatment, yet waited 2.7 years before re-entering treatment. Alcohol was often the initial substance used after previous treatment. More than half indicated that intrapersonal, negative emotional states, such as depression and loneliness, led to the relapse. An even greater percentage indicated that such determinants were antecedents to recent use. Implications for treatment are presented.

Perhaps 75 percent of individuals treated for substance abuse relapse within 90 days after completion of treatment (Armor, Polich, & Stambul, 1978; Cummings, Gordon, & Marlatt, 1980; Hunt, Barnett, & Branch, 1971; Schacter, 1972). According to the Cognitive-Behavioral Model (Marlatt & Gordon, 1980, 1985), when a substance abuser has ineffective coping skills in a "high risk situations," decreased self-efficacy occurs, along with the increased probability of a lapse or "slip." An "Abstinence Violation Effect" may follow, in which the individual experiences guilt and cognitive dissonance over failure to maintain the absolute goal of abstinence, and relapse becomes likely.

In this model, determinants of relapse are divided into intrapersonal and interpersonal determinants. Intrapersonal determinants do not involve the immediate presence of other people and include positive or negative emotional states, coping with negative physical states, personal control issues, and urges. Interpersonal determinants involve the presence of others and include interpersonal conflicts, coping with social pressure, and enhancing positive emotions in social situations.

Studies of relapse have typically defined the problem as a return to the specific substance for which the individual was originally treated. Thus, for an individual treated for alcohol abuse, relapse to alcohol abuse would be stucied. However, a "pure" alconol abuser is becoming increasingly rare (Blume, 1987; Catanzaro, 1973; Carroll & Ottenburg, 1975, 1977; Schnoll, 1982). Multiple substance abuse

appears to be common and a broader definition, e.g., the abuse of substances after previous treatment, might have greater utility.

The present study investigated relapse from this broader definition. The facility at which the study took place has seen increasing numbers of alcohol abusers who also use cocaine, marijuana, and other drugs. The study focused on the determinants of the "lapse" or initial use of any substance or combination of substances after previous treatment, and as well as the antecedents to their most recent use of substances. Because the facility had a relatively young adult population, it was expected that, determinants of relapse as well as antecedents to current use would be primarily "interpersonal."

Method

Subjects

Subjects were selected if they: entered the treatment facility during the three month period over which the study was conducted, had at least one previous inpatient treatment for alcohol abuse prior to the current admission (verified through previous records), and agreed to participate in the present study. Thirty such subjects met this criteria: 25 males and five females.

The treatment site was the Florida Alcoholism Treatment Center (FATC), located in central Florida. It is a 58 bed JCAHO accredited state psychiatric hospital, specializing in the treatment of substance abuse. The treatment program lasts 42 days and is based on the concept of the therapeutic community (Rossi and Filstead, 1973). Patients are referred by community alcohol, drug abuse, or mental health facilities throughout Florida. Admissions to FATC must have a

primary diagnosis (DSM III-R) of alcoholism or alcoholism in combination with other drugs, and who have demonstrated, by continued substance abuse, that documented community treatment efforts need to be reinforced in a structured residential setting.

Demographic information revealed that the mean age was 35.8 years (standard deviation = 8.1). Twenty nine subjects were white and one was black. Many (n=19) were divorced or separated, nine were never married, and only two were married. Most were high school graduates (n=14) or had higher (n=9) education. Occupations varied; however, it had been an average of 14 weeks since their last employment. Twelve cases had previous criminal charges.

Most had reported emotional problems (73%), financial problems (77%), difficulties with relationships (70%), and job-related problems (70%). About half experienced medical or physical problems (50%), and legal problems (47%) before entering FATC.

Instruments

A Substance Abuse Relapse Profile (SARP), based on the Drinking Profile (Marlatt, 1976) and Gerontology Alcohol Project Drinking Profile (Dupree, Broskowski, & Schonfeld, 1984), was developed for the investigation. The profile has three sections. The first section includes information of previous treatment and initial use of a substance after discharge from that treatment. This includes antecedents such as location, time, activity, companions, emotional state, etc. preceding the first substance as well as a description of the first substance used (quantity, method of obtaining, total amount used on first day of use) and its consequences. Subjects were asked

to describe as much detail of the surrounding post-treatment/relapse events as possible to assist their recall. Because subject selection was not limited to individuals who had recently experienced relapse, as in the Marlatt and Gordon (1980) study, it was expected that some subjects would have to recall events from a distant past. Thus, it was recognized that accuracy of recall might be questionable for some responses.

The second section focused on recent use of substances preceding admission to FATC, by asking similar, but modified questions from the previous section on the first use. These modified questions centered on the 30 day period preceding the subject's last use of a substance. Many questions asked the subject to focus on a "typical day" of drinking or use of drugs during those 30 days, to describe his or her antecedents such as mood state, quantity of alcohol consumed, or with whom they drank.

The third section includes: reasons for returning to treatment, explanations as to why previous treatment failed, the quality of life indicators (emotional, social, legal, financial, occupational, or medical problems) previously reported, and estimates of success in this new attempt at treatment.

Procedure

The study was conducted over a three month period. Four interviewers were trained to administer the SARP to patients. One interviewer conducted an assessment session with a patient within approximately one hour. A "card sort" approach is used for some questions, in which the patients select answers from a series of

choices on 3" x 5" cards, then select the five which best describe their feelings and place them in a ranked order of appropriateness. For example, the interviewer would ask the subject to select the choices which describe the feeling preceding drinking on a typical day of drinking. Subjects would then rank order the selections, and then provide their interpretation or definition of the selection.

Other questions allow patients to describe situations or determinants in their own words. For example, "in your own words, on that very first occasion after leaving the last treatment program, what made you think about taking a drink (or drug)"? A second example of allowing open-ended responses was when subjects were asked why they believed they did not succeed in "staying away" from alcohol or drugs.

Results

In this study, a lapse was defined as the initial use of a substance (first drink, first marijuana cigarette, illegal use of a prescription medication, etc.) after treatment. Relapse was defined as the abuse of alcohol, illicit drugs, or abuse of prescription drugs (used in a manner not specified by a prescribing physician) after treatment.

There was a great amount of variance in the length of stay in the patients' previous inpatient treatment programs, time until their relapse, and amount of time elapsed before they would re-enter treatment after experiencing relapse. Length of stay in previous inpatient treatment ranged from 14 days to 1.8 years (s.d. = 135.3 days), with the majority attending 28 day programs, as indicated by a 29.5 day median length of stay.

Following discharge from previous treatment, a median of 61.5 days elapsed until first use of alcohol or drugs (lapse), with a range of 0 days to 2 years (s.d.= 171.7 days). Median time between initial use and re-entering treatment (admission to FATC) was 2.7 years, ranging from 4 months to 14 years (s.d. = 36.9 months), although all but two had relapsed within the last four years.

Initial Use of Substances Following Previous Treatment

Table 1 indicates the description of the initial use of

Insert Table 1 About Here

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substances. For 21 subjects, alcoholic beverages (liquor, wine, or beer) were the initial substances. In entirety, on that first day, large quantities were consumed as indicated by a mean of 18 Standard Ethanol Content units (or SECs; One SEC is equivalent to one half ounce of pure ethanol) with a range of 1.2 SECs (one beer) to 82.2 SECs (s.d. = 18.8). Many used alcohol with marijuana. Twenty three individuals actually sought out the substance rather than it being given to them.

The subjects were asked to describe the activity and situation in which they were engaged immediately preceding the lapse. While 11 were at home at the time of the lapse. Most were working, arguing with someone, talking with others, or driving prior to the lapse. More than half (n=16) indicated that the lapse took place in the evening. Fifteen experienced the lapse alone, 12 were with friends, and only three were with relatives or a spouse at the time.

The Marlatt and Gordon (1985) scoring criteria for determinants of relapse were used to categorize the emotional states and the patients' "own words" in the present study. Two research assistants categorized the patients' responses as recorded by the interviewers and were found to agree on categorization in 93 percent of the cases.

The first column of Table 2 shows the frequency of intrapersonal

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Insert Table 2 About Here

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and interpersonal determinants of relapse or initial use. Most were able to provide substantial detail of the circumstances surrounding the lapse. The largest single category was "other negative emotional states" which includes depression, loneliness, and nervousness. Thirteen individuals reported that interpersonal determinants (conflicts or peer pressure) led to the lapse.

Seventeen patients reported that immediate consequences of initial use were positive mood states, such as feeling happy, excited, relaxed, etc. The remaining 13 experienced negative mood states with feelings of guilt being the most frequent response (n=6).

Antecedents of Recent Use on a "Typical Day"

Subjects were asked to select and define the mood state which best described their feelings prior to taking a drink or using a substance, on a "typical day of drinking" during the 30 day period preceding their last use of a substance. They were also asked to provide the typical antecedent in "their own words." The second column in Table 2 shows that the antecedents were almost exclusively

intrapersonal determinants such as depression, loneliness, or nervousness ("other negative emotional states").

During that 30 day period, substances were used an average of 23.6 days, and intoxication or becoming "high" was frequent (an average of 19.6 days). Although 13 subjects reported that they used the substances at home, more than half used at various other locations: bars, clubs, work, outdoors, other people's homes, or while driving. Median weekly expenditure for all substances for the 30 day period was 98 dollars.

Most patients (23) had been "steady" users (defined as using substances almost every day), five were periodic and two were weekend users. The most commonly used substance was alcohol, often in combination with marijuana. Self-report indicated a median alcohol consumption on a "typical day" of drinking of 22.4 SECs (s.c. = 21.8 SECs; range = 6 SECs to 403 SECs). The majority indicated greater use during this recent 30 day period than previous 30 day periods.

Table 3 compares the type of substances used initially (first

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Insert Table 3 About Here

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column) with any use of substances within the 30 days preceding the last substance (second column), as well as the substance used most frequently during those recent 30 days (third column). Alcoholic beverages were the most frequently used substances, initially, as well as recently. During the 30 day period, combinations of alcohol, marijuana, cocaine, and prescription medications, were consumed.

Discussion

This study investigated the antecedents to substance abuse for subjects who had experienced relapse following previous treatment, using a broader definition of relapse, i.e., the use of alcohol or drugs, or the crossover to the use of other substances following a previous treatment. Other studies (Marlatt and Gordon, 1980) have investigated relapse for subjects who returned to the same substance for which they previously received treatment.

Consistent with previous research, the lapse or initial use, which often led to a complete relapse, occurred about two months after treatment. Individuals failed to re-enter treatment for almost three years. Having been through previous treatment, a person experiencing the "Abstinence Violation Effect," (and feelings of guilt and failure), may be reluctant to seek help again.

The type of substance used in the "lapse," primarily alcohol, continued to be the the most frequent substance used prior to re-entering treatment. The frequency of alcohol use may be related to the patient admission criteria, i.e., that alcohol must be involved in some way. Also, alcohol may be more accessible than illegal drugs.

Determinants of substance abuse "relapse," if recalled accurately, were a mixture of interpersonal and intrapersonal events. We expected this relatively young population to be most influenced by interpersonal determinants (peer pressure, conflicts), yet, more than half of the determinants of lapses were "intrapersonal."

During recent use, there was a dramatic shift to intrapersonal determinants considered negative emotional states such as loneliness,

nervousness, depression, or boredom. This might be interpreted as more serious, in that continued use of substances is influenced by negative emotional states in the absence of other people, possibly due to enhanced depression from the substances or due to alienation of one's peers. Thus, negative affect and situational variables, and not physical states, temptations, urges, or testing one's personal control, appeared to be determinants of substance use and abuse, lending support to the Cognitive-Behavioral Model.

Accuracy of recall of events may be in question in the present study because subject selection was not limited to recent "relapsers." In the Marlatt and Gordon studies, subjects participated in a three month follow-up to treatment; those who experienced relapse at that follow-up, were then assessed for their determinants of relapse. However, by not selecting recent relapsers, the present study was able to investigate the latency to re-entering treatment. Future studies might test accuracy of recall by requiring individuals to recall the antecedents to the lapse again at, perhaps, four weeks later. If responses are consistent, reliability may be less questionable.

The results imply that relapse prevention approaches should not only emphasize coping skills in high risk situations, but also prepare the individual to avoid using new or different substances to cope. Treatment programs might prepare individuals for a shifting of antecedents, from interpersonal events initially to intrapersonal antecedents and use in more solitary settings. This shift may result in long delays in seeking, or being referred for help.

References

Armor, D.J., Polich, J.M., & Stambul, H.B. (1978) Alcoholism and treatment. New York: Wiley.

Blume, S. (1987) Alcohol problems in cocaine abusers. In A.M. Washton & M.S. Gold (Eds.) Cocaine. A clinician's handbook. New York: Guilford Press, pp. 202-207.

Carroll, J.F.X. & Schnoll, S.H. (1982) Mixed drug and alcohol populations. In E.M. Pattison & E. Kaufman (Eds.) Encyclopedic handbook of alcoholism, N.Y.: Gardner Press, pp. 742-758.

Catanzaro, R.J. (1973) Combined treatment of alcoholics, drug abusers, and related problems in a "family residential center." Drug Form, 2, 203-212.

Cummings, C., Gordon, J.R., & Marlatt, G.A. (198) Relapse: Strategies of prevention and prediction. In W.R. Miller (Ed.) The addictive behaviors. Oxford, U.K. Pergamon Press.

Dupree, L.W., Broskowski, H. & Schonfeld, L. (1984) The Gerontology Alcohol Project: A behavioral treatment program for elderly alcohol abusers. The Gerontologist, 24(5), 510-516.

Hunt, W.A., Barnett, L.W., & Branch, L.G. (1971) Relapse rates in addiction programs. Journal of Clinical Psychology, 27, 455-456.

Marlatt, G.A. (1976) The Drinking Profile: A questionnaire for behavioral assessment of alcoholism. In E.J. Mash & L.G. Terdal (Eds.) Behavior therapy assessment: Diagnosis, design, and evaluation, N.Y.: Brunner Mazell Publishers.

Marlatt, G.A. & Gordon, J.R. (1980) Determinants of relapse:

Implications for the maintenance of behavior change. In P.O. Davidson & S.M. Davidson (Eds.) Behavioral medicine: Changing health lifestyles. New York: Brunner/Mazel.

Marlatt, G.A. & Gordon, J.R. (1985) Relapse Prevention. N.Y.: Guilford Press.

Ottenburg, D.J. (1975) Combined treatment of alcoholics and drug addicts: A progress report from Eagleville. Contemporary Drug Problems, 4, 1-21.

Ottenburg, D.J. (1977) The reluctance to combine. American Journal of Drug and Alcohol Abuse, 4, 279-291. Rossi, J.J. & Filstead, W.J. (1973) The Therapeutic Community. N.Y.: Behavioral Publications.

Schacter, S. Recidivism and self-cure of smoking and obesity. American Psychologist, 37, 436-444.

Table 1

Characteristics of Initial Use of Substances after Treatment

Characteristic		Frequency
Activity Before Use:	Working	6
	Driving/Riding in Car	3
	Arguing with Someone	3
	Sitting at Home, Alone	3
	Talking with Others	3
	At a Sporting Event	3
Time of Day Used:	6 a.m. to 12 noon	4
	12 noon to 6 p.m.	10
	6 p.m. to 12 midnight	16
	12 midnight to 6 a.m.	0
Where It Was Used:	Own Home	11
	Other People's Homes	5
	Outdoors	5
	Restaurants	3
	In One's Car	3
	In a Bar or Club	2
Companions During Use:	No one (alone)	15
	Friends	12
	Relatives/Spouse	3

Table 2

Frequency of Determinants of Relapse (Initial Use) and Recent Substance Use. *

Intrapersonal-Environmental Determinants:	Initial	Recent
Negative Emotional States: Frustration/Anger	3	2
Other Negative Emotional States	11	22
Negative Physical States/Physiological	0	1
Enhancement of Positive Emotional States	3	3
Testing Personal Control	0	0
Giving in to Temptations and Urges	0	0
Interpersonal Determinants:	**Initial**	**Recent**
Interpersonal Conflict	8	2
Social Pressure	5	0
Enhancement of Positive Emotional States	0	0

* (Using Marlatt & Gordon, 1985, criteria).

Table 3

Substances Used at Initial Episode and Recent Use*

Substance(s) Used	Initial Episode	Recent Use	
		Any Use?	Frequent Use
Alcohol (beer, liquor, wine)	21	11	24
Alcohol and Drugs	0	16	2
Illicit Drugs	9	0	4
Alcohol & Prescription Drugs	0	3	0

* Substance use during the 30 days preceding the most recent use